



Tax Preparation Checklist - Form 1040

Note: This organizer will help us to better serve you as a client by providing the information we will need in order to prepare your return.

I. Personal Information

	Soc Sec #	DOB	Occupation
Your Name	_____		
Spouse	_____		
Home Address	_____		
City, State, Zip	_____		Home Phone _____
County	_____		Work Phone _____
School District	_____		
	Filing Status	<input type="checkbox"/> Single <input type="checkbox"/> Married, filing... <input type="checkbox"/> Joint <input type="checkbox"/> Separate <input type="checkbox"/> Widowed - Date of spouse's death: _____	

II. Dependents (include children and other dependents)

Name	Relationship	Date of Birth	Soc Sec #	Disabled?	Full-time student?	Dependent's gross income

III. Income Items

Keep in mind that some or many of the following items may not pertain to your individual situation. Complete only the sections that are applicable.

A. EMPLOYMENT INCOME (include W-2 statements)

List all places of employment for yourself and your spouse:

Employer	Amount

B. INTEREST INCOME (include 1099-INT statements)

List all payers and amounts of interest:

Payer	Amount

C. DIVIDEND INCOME (include 1099-DIV statements)

List all payers and amounts of dividends and capital gains:

Payer	Ordinary	Capital Gains

D. PARTNERSHIP INCOME (include K-1 schedules)

This would apply if you received income from partnerships, estates, trusts, or S-Corps.

Payer	Amount

E. RENTAL INCOME

Description of property	Location (city, state, zip)	Income received

F. SALES OF INVESTMENTS (include 1099-B and statements for any investments sold during the year)

Includes stocks, bonds, mutual funds, and commodities.

Investment	Date Acquired/Sold	Cost	Sale Price

G. SALES OF PROPERTY (include 1099-S statements for any property sold)

Property	Date Acquired/Sold	Cost + improvements	Sale Price
Personal Residence			
Vacation Home			
Land			
Other			

H. WITHDRAWALS FROM PENSION, ANNUITIES, IRA (include 1099-R)

If you received withdrawals from your pension, IRA, and/or annuity that you may have, please document the plan trustee or payee, and the reason for withdrawal.

Payee/Plan trustee	Reason for withdrawal	Reinvested? (select)	
		Yes	No

I. OTHER INCOME

Indicate the amount of all income received from the following sources:

	Amount		Amount
Workers' Compensation	_____	Alimony	_____
Disability	_____	Child Support	_____
Tips (not reported to employer)	_____	Prizes & awards	_____
Gambling (net of expenses)	_____	Jury duty	_____
State income tax refund	_____	Scholarships	_____
Veterans' pension	_____	Other	_____

III. Expense Items

Similar to the income section, some or many of the following items may not apply.

A. MEDICAL AND DENTAL EXPENSES

Enter the amounts paid for each of the following that were not paid for or reimbursed by your employer:

Medical prescriptions (including insulin) _____
 Insurance premiums _____
 Medical equipment and supplies _____
 Glasses/contacts _____
 Hearing aids _____
 Braces _____
 Therapy _____
 Hospital visit costs _____
 Dental costs _____
 Nursing care _____
 Mileage (enter # of miles driven) _____

B. CHARITABLE CONTRIBUTIONS (include receipts or copies of checks written)

List the amounts contributed to any charitable causes or institutions during the year.

Schools _____
 Churches _____
 Foundations _____
 Other _____
 Non-cash (value of donated items) _____
 Mileage (enter # of miles driven) _____

C. TAXES PAID (include copies of bills)

Enter the amount of property taxes paid: _____

D. INTEREST EXPENSE (include Form 1098)

Enter the amount of mortgage interest paid: _____

E. OTHER EXPENSES (complete only for the questions for which you answer yes)

(1) Did you have any job-related moving expenses during the past year?

Date of move _____
 Moving costs (includes lodging during the move) _____
 Travel to new residence (# of miles) _____

(2) Did you have any employment-related expenses for which you were not reimbursed?

Books, subscriptions, supplies _____ Tuition _____
 Tools, equipment _____ Licenses _____
 Union and professional dues _____ Gifts _____

(3) Do you have an office in your home?

Square feet of home _____ Rent expense _____ Insurance _____
 Square feet of office _____ Utilities _____ Maintenance _____

(4) Did you have any child care expenses or were any provided as a benefit by your employer during the year?

Name of provider	Address	Soc Sec or Employer ID	Amount paid

(5) Did you incur any travel expenses related to your job that were not reimbursed in the exact amount by your employer?

Enter the amount paid for lodging, meals, car rental, airfare, taxis, etc. while on the road _____

Enter the amount already reimbursed or received from your employer, if applicable _____

(6) Do you own a vehicle that was used partially for business, not including commuting to and from work?

Date of purchase _____ Total miles driven _____
 Year, make and model _____ Business miles driven _____

Do you have written records supporting the amounts claimed? (select one) Yes No

Did you sell or trade-in a car used partially for business? (select one) Yes No

(7) Did you pay any alimony or child support during the year?

	Amount	Paid to	Soc Sec #
Alimony			
Child Support			

(8) Did you pay any educational expenses (i.e. tuition, fees, student loan interest, etc.)?

Type of Expense	Amount	Student's Name	Name of School

(9) Did you contribute to an IRA?

(check one)

Type (Traditional or Roth)	Amount	(check one)	
		You	Spouse

(10) Did you make any estimated tax payments during the year?

Date Paid	Federal	State

(11) Did you pay any of the following fees during the year?

Amount
 Tax preparation _____
 Investment advisory _____
 Safe deposit box rental _____

IV. Summarized Checklist of what to include

- | | |
|---|---|
| <input type="checkbox"/> W-2 forms | <input type="checkbox"/> Social security numbers for everyone |
| <input type="checkbox"/> All 1099 forms and K-1 schedules | <input type="checkbox"/> Charitable donation receipts |
| <input type="checkbox"/> Year-end investment statements | <input type="checkbox"/> Child care expenses and provider information |
| <input type="checkbox"/> Last year's tax return | <input type="checkbox"/> Real estate closing papers |
| <input type="checkbox"/> Property tax statements | <input type="checkbox"/> Record of self-employed income & expenses |
| <input type="checkbox"/> Moving expenses (if you moved AND changed jobs) | <input type="checkbox"/> Record of mortgage payments for the year |
| <input type="checkbox"/> Real estate closing papers (if bought, sold or refinced) | <input type="checkbox"/> Evidence of payments for rent & alimony |
| <input type="checkbox"/> Activity in IRA account(s) | <input type="checkbox"/> This checklist filled out |

V. Taxpayer Representation

To the best of my knowledge the information provided is accurate and complete with regard to all income, expenses and other information applicable to the preparation of this year's income tax returns.

Taxpayer

Date

Spouse, if married filing jointly

Date